FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATIO	N	
	(See instructions)		Office use only
1. NAME OF COMMITTEE (in	full) (Check if name Exan is changed) over	nple: If typying, type the lines	12FE4M5
Conyers for C	ongress		
ADDRESS (number and	street) 1031 N. Edgewood St.		
(Check if add is changed)	ess Arlington		
	CITY▲		STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRESS			
campaign@jo	hnconyers.com		
COMMITTEE'S WEB PAGE ADDRESS (URL)			
http://www.jc	hnconyers.com		
1			
COMMITTEE'S FAX NUMBER			
2. DATE			
3. FEC IDENTIFICATION NUMBER C C00409797			
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete			
Type or Print Name of Treasurer Michael J. Remington			
Signature of Treasurer Electronically Filed by Michael J. Remington Date MM M / D D D 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS			
Office Use Only		For further information confederal Election Commissing Toll Free 800-424-9530 Local 202-694-1100	

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